

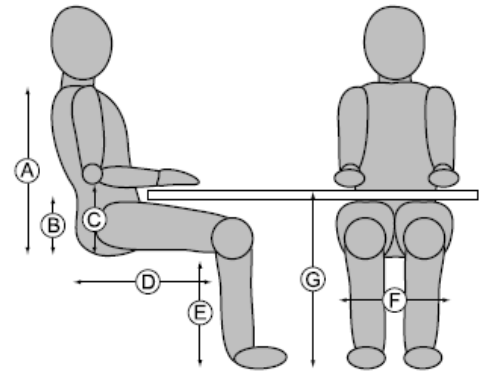
Workstation/Seating Assessment Form

To assist us in providing the most suitable and beneficial products, please provide as much as possible of the information requested below:-

Name: _____ Sex: M - F -
Company Name: _____ Build: _____ Weight: _____
Contact Tel No: _____ Age: _____ Height: _____

Seated Measurements: (Please ask a work colleague to assist in gathering these measurements)

A: Under seat to Shoulder _____ cm
B: Under seat to centre of lumbar region _____ cm
C: Under seat to under elbow _____ cm
D: Rear of seat to rear of knee _____ cm
E: Underside of knee to base of foot _____ cm
F: Width across seat _____ cm
G: Height of existing desk surface _____ cm



Personal Information:

Are you a touch typist? Yes No
 Your dominant Hand Left Right
 Do you use a mouse Yes No
 Hand used for mouse Left Right
 Approx hours per day at desk: _____

How much time do you spend

At Your Computer _____ %
 Writing _____ %
 Reading _____ %
 Meetings _____ %
 Time away from desk _____ %

About your Workstation:

Please provide sketch with approx dimensions showing the shape and size of your desk:-

Drawers: Mobile Attached to desk
Computer: Desktop Laptop
Footrest: Yes No
Copy Holder: Yes No

Any other information that you feel is relevant to this enquiry: _____
